


Thematic session on HIV and Men
UNAIDS/PCB – 51

December 16, 2022

Hybrid - Chiang Mai, Thailand and Zoom

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Through the work of PSI, we heard from more than 2000 men some specific issues that are barriers from seeking and being retained in care:

And I categorize these men into two – those that form a perception from a distance and those that have interacted, and both do desire to be in care.

First Category: (from a distance)

sign of weakness,

feminine spaces

culturally inappropriate?

Second Category: (experienced)

- Unhealthy stressful spaces
- Men's power to decide is taken away
- Jargon – transmission, viral load, detectable etc.
- Negative perception of himself formed

**Flip the
narrative:
*MINA. For
Men.
For Health***

1. It's a brand
2. The patient in-facility journey was mapped
3. Re-construct men's relationship with healthcare
4. MINA moves men to being intentional about their health and taking their treatment.
5. MLHIV champions to flip the narrative.
6. 531 facilities, National TV and Radio, Community radios and in-facility presence of materials profiling positive stories of MLHIV,
7. U=U messaging

SUMMARY OF MINA RESULTS TILL DATE

7 QUARTERS AFTER MINA CAMPAIGN LAUNCH (FY21Q1 - FY22Q3), 506 ACTIVE MINA FACILITIES



HIV TESTING

- **Men's testing increased 22% versus 14% for women** in active MINA facilities, in the 7 quarters after MINA's launch
- Men 15-40Y (MINA's target priority) had **21% growth in testing, compared to 12% growth in older men (40Y+)**
- A total of **~2M men tested for HIV in active MINA clinics during this period**, with ~112K men testing positive for HIV



TREATMENT INITIATION

- Men's initiation grew **3% nationally compared to a decline of 6% for women** in the 7 quarters after MINA's launch
- **~244K men initiated treatment nationally**, and 116K men initiated treatment in MINA facilities
- **Men's linkage rates nationally have been increasing to ~90% and above** in the 7 quarters after MINA's launch
- **Growth in linkage rates for men 15-40Y (MINA's target priority) is higher than for women in the same age bracket, and higher than older men (40Y+)**



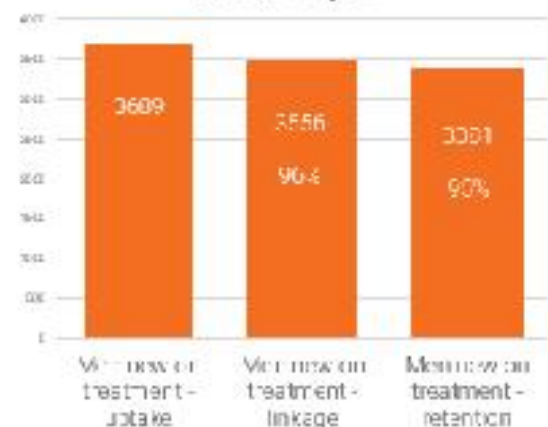
TREATMENT RETENTION

- **~109K cumulative increase in overall men on treatment nationally** and ~50K increase in men on treatment in active MINA facilities
- **49% of the national growth in men on treatment has been in active MINA facilities**
- **~416K men returned to treatment nationally** and ~183K men returned to treatment in active MINA facilities
- Men in active MINA facilities had an **average 31.5% decrease in lost to-follow up**

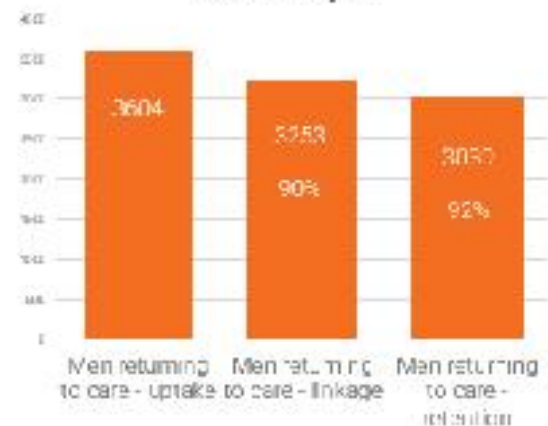
National: All PEPFAR facilities (~2700 facilities)
MINA facilities: PEPFAR facilities with MINA campaign active (506 facilities)

Best Practice-Site Level: Peer-led Case Management (Coach Mpilo)

Men new on treatment,
Oct '21 - Sep '22



Men returning to care,
Oct '21 - Sep '22



Consolidated data from TB HIV Connect and Wits RHI

Best practice – fundamentals

- Coaches are always men living openly with HIV who have walked the treatment journey themselves.
- Coaches provide holistic support on practical, social, and emotional barriers, not just adherence.
- Coaches provide tailored support that is responsive to the unique barriers and needs of each client.
- Coaches spend substantial time with clients, building motivation and resilience. It is not a quick fix.
- Coaches are linked to the clinic but spend most of their time in the community engaging with men.



Best practice – adaptations

- Where a face-to-face coach is not available, a virtual coach can be a reasonably effective alternative.
- Although the Coach model was designed with a focus on linkage and retention, coaches have been found effective in supporting HIV testing, including index testing and self-screening.
- Coaches appear well positioned (and are generally eager) to support an even broader range of men's health needs where appropriate, including TB, NCDs, GBV, mental health, etc.

19 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

Conclusion

Men do have a sense of responsibility and aspire to have a healthy interaction with the health system

We must support providers to work from a point of empathy

Support providers to have a focus on clients as people first rather than a disease

Never tire of collecting deep patient insights with the objective of understanding the WHY behind human behavior